



# Community Choices Waiver

## Participant-Directed Care

### Direct Service Worker (DSW) Log

**All service and employee records *MUST* be kept for six (6) years from the last date of service.**

**Record activities and be specific.** Where did service take place?\* What activity was done? **Be objective: just the facts, not opinions.**

**If it's not documented, it didn't happen and cannot be billed for payment.**

Report any concerns with participant's health and/or wellness to the Case Manager, if applicable.

**\*\*Misrepresenting information on this document submitted to the Wyoming Department of Health may constitute fraud and is subject to investigation.**

*Always use ink and remember to write legibly. Never use white out or scratch out errors, simply draw a line through the error and initial it.*

Employer Name:			Participant Name (if different):		
Case Manager's Name/Phone #:			Dates of Service: ____/____/____ to ____/____/____		
Date	Time In	Time Out	Documentation Notes *Services took place in individual's home unless otherwise noted <i>Please also note any Emergency Room or hospital visits</i>	DSW/Employee Full Name**	Participant/Employer Signature**
Example 7/12/17	8:00 am	10:45 am	DSW assisted with shower, washed hair/body and brushed teeth. Assisted with dressing, socks, and shoes. Cleaned bathroom. Washed and dried a load of towels and bedding. Remade bed.	Julie Stevens	Sally Jones

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